

JUDGE SHADUR

MAGISTRATE JUDGE MASON

- A. Name: Marinus Powell
- B. List all aliases: N/A
- C. Prisoner identification number: 20070076287
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box: 089002, Chi., Il., 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

MAR 03 2008

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.II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

MAR 3 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

- A. Defendant: Lt. McNamara
Title: Lt. in Sheriff's Police
Place of Employment: Cook County Jail - Div. 8
- B. Defendant: Sgt. Selemi
Title: Sgt. in Sheriff's Police
Place of Employment: Cook County Jail - Div. 8
- C. Defendant: Officer McHugh
Title: Officer in Sheriff's Police
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

08CV1270
JUDGE SHADUR
MAGISTRATE JUDGE MASON

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: None
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- ① Said Brass and officer knowingly, willingly, willfully, intentionally, and maliciously violated my civil rights.
- ② Said Brass and officer knowingly, willingly, willfully, intentionally, and maliciously violated my rights as specified under the Americans with Disabilities Act
- ③ Said Brass and officer knowingly, willfully, willingly, intentionally, and maliciously put my health at risk.
- ④ Said Brass willingly, knowingly, willfully, intentionally, and maliciously encouraged a period of harassment and retribution.
- ⑤ Said Brass knowingly, willingly, willfully, intentionally, and maliciously ignored medical prescriptions and medical recommendations.
- ⑥ Said Brass ignored repeated attempts to obtain cost-effective medical equipment provided per medical prescription

⑦ Forced to sleep sitting up in my wheelchair overnight due to refusal by Brass to accommodate the return of medically necessary and prescribed equipment. The result causing severe pain in my back, the swelling of my lower limbs and an increased level of spasticity throughout my body thereby putting my health and safety at risk.

⑧ Allowed by Brass and officers to suffer undue emotional stress and pain.

⑨ Told by said officer that Cook County Jail officers do not like to honor prescribed orders of the medical staff because "the officers feel that if the medical staff prescribes it, they should supply it themselves! They're always prescribing unnecessary things anyway!"

⑩ This event occurred on Jan 28th 2008 and over a 24 hour period.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I seek restitution for pain and suffering
in the amount of One Million Dollars and the
proper and timely enforcement of all Medical
prescriptions in a reasonable and effective time
for all detainees.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 27th day of February, 2008.

Marius Powell
 (Signature of plaintiff or plaintiffs)

MARIUS POWELL
 (Print name)

20070075987
 (I.D. Number)

P.O. Box: 089002

Chicago, IL
60608

(Address)